



COUNTY OF LOS ANGELES

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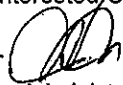
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TO: Executive Directors and Interested Others

FROM: John Viernes Jr., Director 
Alcohol and Drug Program Administration

SUBJECT: **IMPORTANT CHANGES TO THE PROPOSITION 36 PROGRAM – QUESTIONS FROM THE PROPOSITION 36 MEETING - JUNE 29, 2009**

This letter transmits the Alcohol and Drug Program Administration (ADPA) responses to the questions presented by treatment programs and meeting participants at the June 29, 2009, Proposition 36 forum held at the Hall of Administration.

In an effort to assist the transitioning of the multitude of changes under the Proposition 36 program, ADPA is providing the attached information to clarify the questions posed by the audience at the meeting. Treatment providers are encouraged to give this information wide distribution among your staff and other impacted groups. Additionally, this information will be available on ADPA's website. The ADPA trust that the responses serve as a useful point of reference for you and your staff.

If you have any questions or need additional information, please contact your assigned Contract Program Auditor or the Proposition 36 Helpline at (888) 742-7900, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

JV:yl

Attachment

c: Proposition 36 – Executive Steering Committee
Jonathan E. Freedman
Read File
Tony Hill
Yanira A. Lima

**COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC HEALTH
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
"Important Changes to the Proposition 36 Program"
Questions from the Proposition 36 Forum - June 29, 2009**

Question #1: *If a client is in Proposition 36 (Prop 36) but has Medi-Cal coverage, can their outpatient NTP (Narcotic Replacement Program) treatment be opened/transferred to DMC (Drug Medi-Cal) coverage?*

Response: Yes, Prop 36 regulations require the use of any alternative funding sources (Medi-cal, private insurance) before Prop 36 funds are billed. A client that requires NTP treatment can be changed to an alternative funding source (i.e., Drug Medi-Cal) to ensure NTP treatment services continues, given that the participant qualifies and is eligible for treatment services under Drug Medi-Cal or other alternative funding sources.

Question #2: *Is the "step-down" automatic when a client finishes 90 days residential treatment (Level III)?*

Response: Yes, this should be the normal practice. Under the Proposition 36 program, Residential treatment services are limited to a maximum of 90 days. After completion, clients may be stepped-down into Level II for 90 days of Outpatient treatment services, if needed, not to exceed 180 days. However, based on clinical judgment a participant may require less treatment services.

Question #3: *Will Level I (misdemeanants) clients be able to request Level III treatment?*

Response: No, according to Alcohol and Drug Program Administration - ADPA's Bulletin 08-05, developed in response to funding reductions to the Prop 36 program by the State, it was necessary to limit treatment services for misdemeanants coming into the system. As a result, procedural changes under this Bulletin, called for "All Prop 36 misdemeanors are to be referred directly into a Level I treatment component."

If based on the primary counselors clinical judgment, that the participant would benefit from Residential treatment, Prop 36 providers with residential beds available via another funding source, are permitted to place participants under a "non-Proposition 36" Residential contract. However, treatment services under the Prop 36 program will cease and information on the status and continuing needs of the participants should be reported to the Court as required, and adequately documented onto the Treatment Court Probation Exchange (TCPX).

Question #4: *Can a participant be shifted from Level II to a Level III? Normally this would require Court approval.*

Response: Not at this time. A change in treatment level (Level I to a Level II) or (Level III to a Level II or a Level I) can be completed without prior approval from the Bench Officer, if based upon the clinical judgment of the primary counselor. It is imperative to adequately document the rationale for the transfer in the TCPX progress reports so the Courts, Probation and the CASC are able to track this change. ADPA is working on addressing the requirement of Court approval if a participant is in treatment and recommended to move into a Level III. Once this issue is resolved, further direction and instruction will be provided.

Question #5: *Can we begin billing General Relief (GR) now? Is the mechanism in place? Proposition 36 clients who are on or who are qualified for GR, are supposed to be-but are not assessed, automatically for substance abuse issues and referred to CASC for assessment/referral.*

Response: Historically, GR treatment services were excluded as an alternative funding source under the Prop 36 program. However, due to the continued funding reductions under the Prop 36 program, ADPA has determined that utilizing GR funds (in an effort to provide treatment services for Prop 36 participants) will be allowable, if all other alternative funding sources are exhausted and clearly documented.

As available treatments services will be diminished and not readily available to non-criminal justice involved individuals, ADPA cautions treatment providers as to the utilization of GR treatment slots for Prop 36 participants.

Question #6: *Why is funding not allocated based on treatment provider success/audit/etc.?*

Response: Los Angeles County Alcohol and Drug Program Administration is committed to the success and continued provision of treatment services throughout the County. Provision of treatment services are based on careful planning of treatment services across the County. Representation of available treatment services according to geographic distribution, and community needs are some of the factors considered by ADPA during the planning process.

Within the next two to three years, ADPA expects to re-solicit Proposition 36 treatment services, where factors such as provider success rates and agency performance may be among the factors considered in the selection process when awarding new treatment contracts.

Question #7: *The Community Assessment Services Centers (CASC) are providing the same services as the treatment providers. Isn't this a conflict of interest?*

Response: The CASC are responsible for conducting individual assessments, referral to treatment services, tracking, and placement for each eligible Prop 36 participants, based on the level and severity of his/her alcohol or other drug (AOD) problems.

ADPA implemented and monitors a monthly reporting mechanism that tracks the number of assessments, referrals and treatment placements by each individual CASC. This report is available for discussion at the monthly CASC Area meetings, which providers are encouraged to attend. Treatment providers may review CASC referrals to all contracted providers monthly.

Question #8: *I have clients finishing their 180 days of treatment this week, and are scheduled to go into aftercare. What do I do now that Continuing Care has been discontinued?*

Response: Continuing Care/Aftercare services will no longer be offered under the Prop 36 program. Programs are encouraged to maintain alumni groups, on site self-help meetings such as Alcoholic Anonymous, or Narcotic Anonymous meetings to support participants continued sobriety and linkages to other recovery support activities in the community. All Prop 36 participants regardless of level who are in primary treatment or in Continuing Care prior to July 1, 2009, will be provided with one (1) continuing care visit to transition out of the Prop 36 program. Participants admitted after July 1, 2009, should be prepared for the termination of all treatment services after their 180 days in treatment are completed. Participants should be connected to and encouraged to participate in recovery support services as part of their continued sobriety commitment.

Question #9: *Will any ADPA contracts be signed before July 1, 2009?*

Response: On June 16, 2009, the Los Angeles County Board of Supervisors approved all contracts under the Prop 36 program; contingent upon continued funding. There are provisions in the contract that allow the county to contract and reimburse providers contingent upon receipt of State funds to pay for the service.

Question #10: *On July 1, 2009 will we be paid for clients who are currently enrolled in Proposition 36?*

Response: ADPA will continue to honor contract commitments with your agency as long as funds are available. In light of the current State budget negotiations, ADPA recommends a conservative approach to service delivery. While the budget for providers have been approved by the Board of Supervisors, keep in mind that provisions in the contract allow the County to contract and reimburse providers only if there are available State and federal funds to pay for services. Program allocations will be adjusted once the State budget is approved and signed by the Governor. However, providers are advised to make their projections on the level of services that they are currently willing to provide because billing at 100 percent of current contract funding may be significantly lowered if the Fiscal Year 2009-10 funding is less than expected.

Question #11: *Will there be on-going follow-up meetings regarding the changes to the Proposition 36 program?*

Response: Yes, ADPA will host the first Quarterly Provider Briefing on Friday, July 17, 2009. The meeting will take place on July 17, 2009 at the Los Angeles County Arboretum located at 301 North Baldwin Avenue, Arcadia, California 91007. ADPA will conduct Quarterly/Regional update meetings as a mechanism for providing updated information to all contracted service providers and stakeholders.

Question #12: *Should inpatient treatment be reduced to 60 days instead of 90 days? Inpatient is a huge expense. Private inpatient services are only for 30 days.*

Response: As of now, the residential treatment modality (Level III) remains unchanged. Clients can be provided up to 90 days of treatment as needed. If the provider determines, based on clinical judgment, that the participant is ready for outpatient services prior to the 90 days of residential treatment allowable, the provider may work with the CASC and move the participant down to a Level II Outpatient counseling program.

Question #13: *Who will pay for the weekly drug testing after July 1, 2009?*

Response: Drug testing will continue to be provided by the Laboratory Corporation of America (LabCorp). Effective July 1, 2009, all Levels of Prop 36 treatment services may bill – One (1) random observed drug test every other week for the duration of primary treatment. Drug testing beyond the approved level must be covered by non Prop 36 funding.

Question #14: *I have clients that request to stay in residential treatment the full 180 days. Do they just go for the 60 day report, and I request the 180 days at that time, and bill under another source after 90 days?*

Response: The treatment program, based upon the treatment planning and other clinical indicators should determine the need for continued treatment services. The client may request, but should not dictate the level of care or treatment services to be provided.

Under the guidelines set by the Los Angeles County Proposition 36 Executive Steering Committee, Residential Treatment services are limited to a maximum of 90 days. Any residential services beyond the 90 days of residential treatment must be covered under an alternative funding source. At the completion of the 90 days, services under the Prop 36 program will cease, and information on the status and continuing needs of the participants should be reported to the Court as part of the final treatment report.

Question #15: *What happens to clients who are on continuing care currently? Do we complete them in July as well?*

Response: Continuing Care/Aftercare services will no longer be offered under the Prop 36 program. Programs are encouraged to maintain alumni groups, on site self-help meetings such as Alcoholic Anonymous, or Narcotic Anonymous, and linkages to recovery support activities in the community to support the participants continued sobriety.

All Prop 36 participants regardless of level who are in primary treatment or in Continuing Care prior to July 1, 2009, will be provided with one (1) continuing care visit to transition out of the Prop 36 program.

Question #16: *July 1, 2009, we have approximately 40 clients who will have to be discharged. Will they go back to court or jail?*

Response: ADPA will continue to honor contract commitments with your agency as long as funds are available. ADPA recommends the most conservative approach for service delivery. While the contracts for providers have been approved by the Board of Supervisor, keep in mind that provisions in the contract allows the county to contract and reimburse providers contingent upon receiving State funds to pay for services. The funding allocation will be adjusted once the State budget is approved and signed by the Governor. However, providers are advised to make their own projections about the level of services that your agency might be willing to provide initially because billing at 100 percent of current contract funding may significantly be lowered if available funding for the remainder of the year is reduced.

Question #17: *With no guarantee of payment for services rendered after July 1, 2009, we will be charging all of our clients for treatment. For those who have no ability to pay, what do you suggest? Do we send them back to the CASCs?*

Response: ADPA will continue to honor contract commitments with your agency as long as funds are available. ADPA recommends a conservative approach for service delivery.

Programs are cautioned to utilize the Client Fee Determination System as set forth by Health and Safety Code (HSC) Section 11991.5, which requires all contracted treatment providers have in place a client fee determination system that allows providers to determine the appropriate level or share of cost for alcohol and drug treatment services received. The HSC requires the changes: 1) to be equitable; 2) not exceed the actual cost; and 3) should consider a client's income and expenses. Further, to ensure an adequate audit trail, each provider must retain: fee assessment schedules and collections records; documentation in each client's file showing the client income and expenses, and how each was considered in determining fees.